

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN

Registration District No. _____

Township WASHINGTON

Primary Registration District No. _____

City ST. JOSEPH,(No. 1101 NORTH SIXTH ST.File No. 37135Registered No. 1110

St. _____ Ward _____

2. FULL NAME OSCAR SANDERS,(a) Residence, No. 1101 NORTH 6TH ST. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFBARTIE SANDERS6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 3, 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.6755

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.GROCERYMAN9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.OWN BUSINESS10. Date deceased last worked at
this occupation (month and
year)UNK11. Total time (years)
spent in this
occupationUNK12. BIRTHPLACE (CITY OR TOWN) RICHLAND,
(STATE OR COUNTRY) KANSASFATHER
MOTHER13. NAME WM. SANDERS,14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) SWEDEN15. MAIDEN NAME CAROLINE UNKNOWN16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) SWEDEN17. INFORMANT BARTIE SANDERS,
(ADDRESS) 1101 NORTH 6TH ST. ST. JOSEPH, MO.18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK CEM. DATE OCT. 11, 193719. UNDERTAKER FLEEMAN & SON INC.
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.20. FILED 10-11, 1937 H. J. Neel
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 8, 193722. I HEREBY CERTIFY, That I attended deceased from
Oct. 8, 1937 to Oct. 8, 1937I last saw him alive on 10-8, 1937. Death is said
to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

Heart disease. Probable cause of onset
Personary delirium

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? findings there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____(Signed) H. J. Neel, M. D.(Address) 301 N. 1st St.

